

Submit In Quadruplicate To:

MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST. JOHNS AVENUE
BILLINGS, MONTANA 59102**SUNDRY NOTICES AND REPORT OF WELLS**

Operator		Lease Name:
Address		Lease Type (Private/State/Federal):
City	State	Zip Code
Telephone Number ()		Fax Number ()
Location of well (1/4-1/4 section and footage measurements):		Unit Agreement Name:
If directionally or horizontally drilled, show both surface and bottom hole locations)		Field Name or Wildcat:
API Number:		Section, Township, and Range:
Well Type (oil, gas, injection, other):		County:

Indicate below with an X the nature of this notice, report, or other data:

Notice of Intention to Change plans	<input type="checkbox"/>	Subsequent Report of Mechanical Integrity Test	<input type="checkbox"/>
Notice of Intention to Run Mechanical Integrity Test	<input type="checkbox"/>	Subsequent Report of Stimulation or Chemical Treatment	<input type="checkbox"/>
Notice of Intention to Stimulate or to Chemically Treat	<input type="checkbox"/>	Subsequent Report of Perforation or Cementing	<input type="checkbox"/>
Notice of Intention to Perforate or to Cement	<input type="checkbox"/>	Subsequent Report of Well Abandonment	<input type="checkbox"/>
Notice of Intention to Abandon Well	<input type="checkbox"/>	Subsequent Report of Pulled or Altered Casing	<input type="checkbox"/>
Notice of Intention to Pull or Alter Casing	<input type="checkbox"/>	Subsequent Report of Drilling Waste Disposal	<input type="checkbox"/>
Notice of Intention to Change Well Status	<input type="checkbox"/>	Subsequent Report of Production Waste Disposal	<input type="checkbox"/>
Supplemental Well History	<input type="checkbox"/>	Subsequent Report of Change in Well Status	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	Subsequent Report of Gas Analysis (ARM 36.22.1222)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Describe Proposed or Completed Operations:

Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.

BOARD USE ONLYApproved _____
Date

Name

Title

The undersigned hereby certifies that the information contained on this application is true and correct:

Date

Signed (Agent)

Print Name & Title

SUPPLEMENTAL INFORMATION

NOTE: Additional information or attachments may be required by Rule or by special request.

Plot the location of the well or site that is the subject of this notice or report.

Range _____

Township _____

Scale: 1 inch = 2,000 feet

BOARD USE ONLY

CONDITIONS OF APPROVAL

The operator must comply with the following condition(s) of approval:

Failure to comply with the conditions of approval may void this permit.